

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2001 - 06

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a) of the Social Security Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 46,
Attachment 3.1-B, page 45

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-b. FFY 2002 \$ -0-9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-A, page 46,
Attachment 3.1-B, page 45

10. SUBJECT OF AMENDMENT:

Prescribed Drugs

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary

15. DATE SUBMITTED:

6/5/2001

16. RETURN TO:

Mr. Bob Sharpe
Deputy Secretary for Medicaid
Agency for Health Care Administration
Post Office Box 12600
Tallahassee, Florida 32317-2600

Attention: Wendy Johnston

17. DATE RECEIVED:

June 20, 2001

18. DATE APPROVED:

September 18, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

21. TYPED NAME:

Eugene A. Graciar

23. REMARKS:

Covered outpatient drugs are those produced by any manufacturer, which has entered into and complies with an agreement under Section 1927(a) of the Act, which are prescribed for a medically accepted indication. All Medicaid recipients 21 years of age and older who are not in a nursing home or institution will be limited to four brand-name drugs per month. There are no instances in which recipients under the age of 21 have system limitations placed on the number of prescriptions, brand or multi-source, they may receive. Generic drugs, insulin and diabetic supplies, contraceptives, mental health drugs, and anti-retroviral drugs are exempt from these limits. Based on the treatment needs of the Medicaid recipient, the agency may authorize exceptions to the brand-name-drug restriction. These exceptions will be based on prior consultation by the prescriber with the agency or agency contractor. Approved smoking cessation and nicotine replacement products are covered services. As provided by Section 1927 (d)(2) of the Act, certain outpatient drugs may be excluded from coverage. Those excluded are: DESI drugs; experimental drugs; anorectics; non-legend drugs (except insulin, aspirin, aluminum and calcium products, sodium chloride, and OTC vaginal antifungals that have previously been legend drugs, when prescribed); and any drugs for which the manufacturer has not entered into rebate agreements with the Department of Health and Human Services, the Veteran's Administration and the Public Health Service. Cough and cold preparations are not covered services for recipients 21 years of age and older. Vitamin and mineral products are covered only under the following circumstances: prenatal vitamins; folic acid as a single entity; fluorinated pediatric vitamins; one vitamin or vitamin/mineral prescription monthly for a dialysis patient; and prescribed ferrous sulfate, gluconate, or fumarate for non-institutionalized patients. (Ferrous sulfate, gluconate, or fumarate is equally available as floor stock to institutionalized patients.) Non-Child Health Check-Up 221 recipients 21 years of age and older cannot receive immunizations, except for influenza and pneumococcal vaccines for institutionalized recipients. Drugs must be prescribed and dispensed in accordance with medically accepted indications for uses and dosages.

Drug Rebate Agreements: The state is in compliance with section 1927 of the Act. Based on the requirements for section 1927 of the Act, the state has the following policies for drug rebate agreements:

- The drug file permits coverage of participating manufacturers' drugs.
- Compliance with the reporting requirements for state utilization information and restrictions to coverage.
- Rebate agreements between the state and a drug manufacturer that are separate from the drug rebate agreements of section 1927 are approved by the Centers for Medicare and Medicaid Services. The state reports rebates from separate agreements.
- Manufacturers are allowed to audit utilization data.
- The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification.
- Prior authorization programs provide for a 24-hour turn-around on prior authorization from receipt of request, and at least a 72-hour supply in emergency situations.

Prescription Discount Programs: In accordance with Florida Statute 409.9066, Medicare Prescription Discount Program, and at our discretion to set provider enrollment criteria, it is required as a condition of Medicaid provider enrollment that Medicaid participating pharmacy providers give price discounts to Medicare recipients who are Florida residents.

Amendment 2001-06
Effective 4/1/2001
Supersedes 2000-13
Approved SEP 10 2001
Revised Submission 8/7/2001



REGION IV - ATLANTA
CENTERS FOR MEDICARE & MEDICAID SERVICES

Memorandum

Date: September 18, 2001
From: Associate Regional Administrator, CMS, DMSO, Region IV, Atlanta, GA
Subject: Florida Title XIX State Plan Amendment, Transmittal #01-06
To: Elliott Weisman, CMS, CMSO, Baltimore, MD

A copy of the subject plan amendment is forwarded for your information.

The effective date of this amendment is April 1, 2001.


Eugene A. Grasser

Attachment